## **CITY OF FLAGSTAFF VOLUNTEER**

Date*:	Type Volunteer (See Exhibit A):
Background check required	
Confidentiality agreement required	
Finger Prints Required	
Volunteer is a Minor until (Date):	<u></u>
Name of Volunteer:	
Group/Agency:	
Address:	
City:Zip Code:	E-mail address:
Primary Phone:	Secondary Phone:
Emergency Contact:	Phone:
* A new agreement must be signed: (1) annually; (2)	) when a volunteer turns 18; (3) if type volunteer services changes.
This Section Must be Completed for Volunteer:	Agreement Regarding Service
volunteer and understand that my/my child's serv compensation or future employment, and given for	, choose to provide services for the City of Flagstaff as a vices are donated to the City of Flagstaff without contemplation of humanitarian, religious or charitable reasons. I/my child will report ately. I/my child agree to abide by any rules and directions provided
Signature of Volunteer (Parent or Legal Guardian mu	ust sign for a minor):
This Section is Optional but Requested by City:	Consent Regarding Recording/Use of Image
I give my consent to the City to make a voice/vide	eo recording of my child .
The City may publish my/my child's photo, image	, voice/video recording ("Likeness") on the City website, Cityscape redium for the purpose of reporting on current or promoting future
Signature of Volunteer (Parent or Legal Guardian mu	ust sign for a minor):
This Section Must Be Completed for Minors Only:	Consent Regarding Urgent Medical/Dental Care for Minor
care for my child, a	that appears urgent to the City, I authorize the City to obtain medical and authorize all medical providers, including but not limited to or clinics to diagnose, treat and care for my child and I agree to pay s. Child's insurance and policy no.:
Signature of Parent or Legal Guardian:	

This form should be kept in a secure location within the department, according to the current Record Retention Schedule (5 years after termination of volunteer service).

## EXHIBIT A DESCRIPTION OF VOLUNTEER SERVICES

Name of Volunteer:		
Type Volunteer:		
Specific Event or Program if Any	:	
One Day volunteer (Y/N)	Volunteer for More than one day (Y/N)	
Start Date:		
General Description of Type Volunteer:		
[INSERT STANDARD DESCRIPTION APPROVED BY ORDINANCE NO. 2013]  Volunteering for a Specific Event: (Y/N) Name of Event if Yes		
Specific Expectations:		
[INSERT WHAT YOU ARE EXPECTING THIS PARTICULAR VOLUNTEER TO DO.]		
Signature of Immediate Supervisor:		Date:
Printed Name of Immediate Supe	ervisor:	_
Section Number:	Division Number:	_

## Thank you for volunteering!

Please email HR Administration Specialist when this individual is no longer volunteering.

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